

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/347748

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
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13	1		1		1	
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31	1		1		1	
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43	1		1		1	
44	1		1		1	
45	1		1		1	
46	1		1		1	
47	1		1		1	
48	1		1		1	
49	1		1		1	
50	1		1		1	
TOTAL IND.	3		3		3	
TOTAL DEP.	14		14		14	
TOTAL CLAIMS	17		17		17	

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY